Image# 14978444989 PAGE 1 / 1

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL Friends of Bill Tilghman]	
ADDRESS (number and street) PO Box 747			-	
CITY, STATE, and ZIP CODE	MD 040	4-7		
Centreville 2. NAME OF CANDIDATE	MD 216		4 FEO IDENTIFICATION	NI NIIMPED
William F Tilghman	3. OFFICE SOUGHT (State and District) House MD 01		4. FEC IDENTIFICATION NUMBER C00543587	
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
Thomas P. Humphrey	Crowell & Moring		day, year)	1000.00
5009 Rockmere Ct			10/16/2014	1000.00
Transaction ID: VN8K9D9VX		N8K9D9VX40		
Bethesda MD 20816-2449	Occupation			
Detriesua IVID 20010-2449	Attorney			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
	Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Name of Employer		Amount
	Occupation		_	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
			day, year)	
	Occupation		_	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
			day, year)	
O-resident from		_		
	Occupation			
SIGNATURE (optional)	1	DATE	For further	information contact:
Nancy Elaine Harrison	[Electronic - II. E2 17	10/17/2014	Federal E	lection Commission
	[Electronically Filed]			W, Washington, DC 20463 -9530, Local 202-694-1100
		•	•	

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